



**Heaven and Earth
Day Spa & Wellness Center
Waxing & Tinting Form**

Name _____ Email address _____
 Your address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Preferred Contact Method _____
 Date of Birth _____ Occupation _____

Referred by: family/friend (Name _____)
 Radio phone book drive by newspaper employee won gift certificate
 brochure doctor/chiropractor Yelp social media internet search other

Emergency Contact _____ Relationship _____
 Phone _____



General Health Profile

Have you had any of the following health problems, past or present?

<input type="checkbox"/> Eczema	<input type="checkbox"/> Varicose/Spider Veins	<input type="checkbox"/> Contagious Disease	<input type="checkbox"/> Headaches
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Sensitivity to Heat	<input type="checkbox"/> Breast Implants
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Cancer	<input type="checkbox"/> HIV	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Cortisone Shots
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Osteoporosis	

Hormonal Imbalance

Do you have any allergies? If yes, please explain _____
 Please list any medications/supplements you currently take _____
 Do you have sensitive skin? _____
 Have you had any reactions or allergies to hair dyes? ___ If yes, please explain _____
 Do you were contacts? _____
 Have you had any recent skin resurfacing (peels, microdermabrasion, deep exfoliation) in the last week? _____
 Are you currently (or have you ever used) Retin A, Renova or Retinol? _____
 Are you currently (or have you ever used) Accutane? _____
 Are you using Glycolic acids, Alpha Hydroxy acids, Hydro Cortisone, Antibiotics or Hormone Replacement Therapy? _____
 Are you currently tanning? _____
 Have you had an adverse reaction to waxing in the past? _____
 If so, what? _____

Thank you for your information. It is our intention to customize your care. The goal is to achieve client satisfaction through exceptional personal service. I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

Signature _____ Date _____